

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 17-MAR-2014	TIME 22:05:00	2. ADDRESS OF OCCURRENCE 6048 S SANGAMON ST , Apt ATTIC CHICAGO, IL 60621	3. LOCATION CODE 289	4. BEAT/OCCUR 0712			
	5. POSITION 9161	6. LAST NAME SABELLA	7. FIRST NAME ANTHONY M	8. STAR NO. 11974	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 600
SUBJECT INFORMATION	14. DATE OF APPT. 27-AUG-2001	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 007 0772	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
DNA	20. LAST NAME MAGSBY	21. FIRST NAME JOSHUA	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 600	27. WT. 250
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS COOK COUNTY HOSPITAL - STROGER HOS	29. TELEPHONE NO. DR [REDACTED]	30. WAS SUBJECT ARMED? OTHER (SPECIFY), OTHER (SPECIFY), VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
DNA	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS	34. BY WHOM? DR [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16	DNA	37. CB NO. 18856236	IR NO. [REDACTED]	DNA
MEMBER'S RESPONSE	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ASSAULTANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BOILY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	39. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	40. ADDITIONAL INFORMATION SUBJECT WAS ARMED WITH A HANDGUN AND KNIFE						
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR	
WEAPON DISCHARGE INCIDENT	49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) US743827	51. CHICAGO GUN REG. NO. R005265S	52. IL FIREARM OWNER I.O. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]			
WEAPON DISCHARGE INCIDENT	64. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	65. PROPERTY INVENTORY NO. [REDACTED]	66. TYPE OF AMMUNITION USED Department Issued	67. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	68. TOTAL NO. OF SHOTS MEMBER FIRED 2			
WEAPON DISCHARGE INCIDENT	69. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	70. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	71. NO. OF CARTHROGIES/ SHOT SHELLS RELOADEO 0	72. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	73. OTHER (SPECIFY) <input type="checkbox"/> 03 OTHER (Specify)			
WEAPON DISCHARGE INCIDENT	74. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	75. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	76. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
WEAPON DISCHARGE INCIDENT	77. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, OORWAYS, CAR, FURNITURE, ETC) VEHICLE	78. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.						
WEAPON DISCHARGE INCIDENT	79. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	80. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.						
SIGNATURES	73. REPORTING MEMBER (Print Name) BROWN, RYAN P 18-MAR-2014 04:11:06	STAR/EMPLOYEE NO. 1836	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) BETZ, DAVID C STAR NO. 779				
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					DATE REVIEWED 18-MAR-2014 04:13:10	TIME 10:08:046	

1407615623
EVENT NO.

HX18870
71. R.D. NO.

LOG# 1008046
Attachment 23

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Subject is hospitalized and being treated for his injuries at this time and is unable to be interviewed.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information that is available at this time a preliminary determination has been made that the discharges by police officer Anthony Sabella #11974 comply with department guidelines concerning deadly force in that Officer Sabella, fearing Sergeant Bryan Holz #2525 was about to be shot by the subject when he raised a firearm in the direction of Sergeant Holz during an armed standoff, fired twice at the subject wounding him twice ending the threat to the life of Sergeant Holz.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1068046 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

18-MAR-2014 04:43:06

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF: SUPPLEMENTARY REPORT
 CASE REPORT OFFICER BATTERY REPORT
 ARREST REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT NO.

3